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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

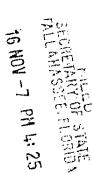




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NOV 0 8 2016 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Page 43e 4Achts Lability Company)
(
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael W. Dickens (Name of Person) PAND dise YAChts (Firm/Company) 525 New PAN PAN WASTES TA (Address) WASTES TA 34/14
(City/State and Zip Code)
For further information concerning this matter, please call:
M.KE DICKEN au 904 554 - 99
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution Es55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is PALACISE WACHTS, LLC.	
2.	The Articles of Organization were filed on and assigned	
	document number <u>6070000</u> 7479Z	
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing). Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
	JACK OF SALES	
	TALLAHASS TALLAHASS	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's pactivities and affairs: Michael W- Dickers	
6	Signature of an authorized person or if there are no members, the signature of the person appointed and	
lis	ted above to wind up the company's activities and affairs:	
\mathcal{I}	Michael W. Dickers	
	() - Domest	

FILING FEE: \$25.00